

MULTIPLE DEPEND. CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/018974

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		1				
4		3	1			
5	1		1			
6			1			
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50						
TOTAL IND.	1		1			
TOTAL DEP.	6	↔	4	↔		↔
TOTAL CLAIMS	7	5	5	5	5	5

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↔		↔
TOTAL DEP.				↔		↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS